

County: Jefferson  
COUNTRYSIDE HOME  
1425 WISCONSIN DRIVE

Facility ID: 2410

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JEFFERSON 53549 Phone: (920) 674-3170

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 185

Total Licensed Bed Capacity (12/31/00): 217

Number of Residents on 12/31/00: 161

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

County

Skilled

No

Yes

162

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.1
Supp. Home Care-Personal Care	No					1 - 4 Years		38.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.2	More Than 4 Years		30.4
Day Services	No	Mental Illness (Org./Psy)	46.0	65 - 74	9.9			-----
Respite Care	No	Mental Illness (Other)	5.6	75 - 84	35.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.6	85 - 94	39.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	7.5	95 & Over	8.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.1		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	13.7	65 & Over	93.8	-----		
Transportation	No	Cerebrovascular	13.0		-----	RNs		7.9
Referral Service	No	Diabetes	4.3	Sex	%	LPNs		14.7
Other Services	No	Respiratory	0.6		-----	Nursing Assistants		
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	4.3	Male	26.1	Aides & Orderlies		36.6
Provide Day Programming for Developmentally Disabled	No		100.0	Female	73.9			
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					100.0			

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#### Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	3	2.4	\$123.79	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	1.9%
Skilled Care	7	100.0	\$173.00	106	84.8	\$105.12	0	0.0	\$0.00	29	100.0	\$173.00	0	0.0	\$0.00	142	88.2%
Intermediate	---	---	---	15	12.0	\$86.44	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	15	9.3%
Limited Care	---	---	---	1	0.8	\$74.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.6%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	7	100.0		125	100.0		0	0.0		29	100.0		0	0.0		161	100.0%

## COUNTRYSIDE HOME

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	7.6	Daily Living (ADL)				
Private Home/With Home Health	0.0	Bathing	4.3	59.0	36.6	161
Other Nursing Homes	6.8	Dressing	12.4	52.2	35.4	161
Acute Care Hospitals	81.8	Transferring	30.4	47.2	22.4	161
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	24.2	40.4	35.4	161
Rehabilitation Hospitals	0.0	Eating	63.4	14.9	21.7	161
Other Locations	3.8	*****				
Total Number of Admissions	132	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		8.1	Receiving Respiratory Care	10.6
Private Home/No Home Health	18.8	Occ/Freq. Incontinent of Bladder	53.4		Receiving Tracheostomy Care	0.6
Private Home/With Home Health	2.2	Occ/Freq. Incontinent of Bowel	37.3		Receiving Suctioning	1.2
Other Nursing Homes	2.2				Receiving Ostomy Care	1.2
Acute Care Hospitals	10.9	Mobility			Receiving Tube Feeding	2.5
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	4.3		Receiving Mechanically Altered Diets	24.2
Rehabilitation Hospitals	0.0					
Other Locations	8.0	Skin Care			Other Resident Characteristics	
Deaths	58.0	With Pressure Sores	5.0		Have Advance Directives	86.3
Total Number of Discharges		With Rashes	3.1		Medications	
(Including Deaths)	138				Receiving Psychoactive Drugs	59.6

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## Selected Statistics: This Facility Compared to All Similar Urban Area Facilities &amp; Compared to All Facilities

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	Ownership:			Bed Size:		Licensure:		All	
	This Facility			200+		Skilled		Facilities	
	%	Peer Group	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.7	86.7	0.86	88.2	0.85	87.0	0.86	84.5	0.88
Current Residents from In-County	72.7	58.7	1.24	47.8	1.52	69.3	1.05	77.5	0.94
Admissions from In-County, Still Residing	31.8	28.8	1.11	25.6	1.24	22.3	1.42	21.5	1.48
Admissions/Average Daily Census	81.5	57.6	1.41	57.0	1.43	104.1	0.78	124.3	0.66
Discharges/Average Daily Census	85.2	61.8	1.38	58.7	1.45	105.4	0.81	126.1	0.68
Discharges To Private Residence/Average Daily Census	17.9	17.2	1.04	16.4	1.09	37.2	0.48	49.9	0.36
Residents Receiving Skilled Care	90.1	82.5	1.09	79.6	1.13	87.6	1.03	83.3	1.08
Residents Aged 65 and Older	93.8	88.2	1.06	89.9	1.04	93.4	1.00	87.7	1.07
Title 19 (Medicaid) Funded Residents	77.6	80.0	0.97	78.9	0.98	70.7	1.10	69.0	1.13
Private Pay Funded Residents	18.0	16.8	1.07	17.6	1.02	22.1	0.81	22.6	0.80
Developmentally Disabled Residents	0.0	0.9	0.00	0.5	0.00	0.7	0.00	7.6	0.00
Mentally Ill Residents	51.6	48.7	1.06	38.1	1.35	37.4	1.38	33.3	1.55
General Medical Service Residents	4.3	17.6	0.25	21.8	0.20	21.1	0.21	18.4	0.24
Impaired ADL (Mean)	51.8	43.1	1.20	40.9	1.27	47.0	1.10	49.4	1.05
Psychological Problems	59.6	59.3	1.01	55.9	1.07	49.6	1.20	50.1	1.19
Nursing Care Required (Mean)	6.1	7.2	0.84	7.3	0.83	7.0	0.86	7.2	0.85